## BEST AVAILABLE COFY

10,017578
Application or Docket Number

|  | PATENT A   | PPLICATIO<br>Effect                       | E            | B-0114.07            |                                 |                  |     |                        |                        |    |                     |                        |
|--|--|---|--------------|----------------------|---------------------------------|------------------|-----|------------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                      |                                 |                  |     | SMALL ENTITY OTHER THA |                        |    |                     |                        |
| TOTAL CLAIMS   |  |   | 35           |                      |                                 |                  |     | RATE                   | FEE                    |    | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED |                      | NUMBER EXTRA                    |                  |     | BASIC FE               | E 370.00               | OR | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 38 minus 20= |                      | - 18                            |                  |     | X\$ 9=                 | 1:2                    | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 6 minus 3 =  |                      | 3                               |                  |     | X42=                   | 126                    | OR | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |                      |                                 |                  |     | +140=                  |                        | OR | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                   |  |   |              |                      |                                 |                  |     | TOTAL                  | 288                    | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |   |              |                      |                                 |                  |     | . 🖵 🕶                  |                        |    | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                      |                                 |                  | _   | SMALL                  | ENTITY                 | OR | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                | BER                             | PRESENT<br>EXTRA |     | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 4!                                      | Minus        | <del>4</del> 3       | 8                               | =3 V             | 1   | X\$ 9=                 |                        | OR | X\$18=              |                        |
|  | Independent  | . 7                                       | Minus        | 6                    |                                 |                  | 4   | X42=                   |                        | OR | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                                 |                  | J   | +140=                  |                        | OR | +280=               |                        |
|  |  |   |              |                      |                                 |                  |     | TOTA                   |                        | OR | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                      |                                 |                  |     |                        | - <u> </u>             | •  | ADDITE LE           |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 10                                      | Minus        | * 4                  | 11                              | - /              | 1   | X\$ 9=                 |                        | OR | X\$18=              |                        |
|  | Independent  | . 3                                       | Minus        | ***                  | 7                               | ='               | 4   | X42=                   |                        | OR | X84=                |                        |
| ۲  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                                 |                  |     | +140=                  |                        | OR | +280=               |                        |
|  |  |   |              |                      |                                 |                  |     | ADDIT. FE              |                        | OR | TOTAL ADDIT. FEE    |                        |
|  |  | (Column 1)                                |              | (Colu                | <br>umn 2)                      | (Column 3        | 3)_ |                        |                        |    |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREV          | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .6  | Minus        |                      | 20                              |                  | 1   | X\$ 9=                 |                        | OR | X\$18=              |                        |
|  | Independent  | .2  | Minus        | ***                  | 3                               |                  | 4   | X42=                   |                        | OR | X84=                |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                                 |                  |     | +140=                  |                        | OR |                     |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL |  |   |              |                      |                                 |                  |     |                        |                        | OR | TOTAL               |                        |
| =  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE |   |              |                      |                                 |                  |     |                        |                        |    |                     |                        |